



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

**Stephen Fisher, Assistant Deputy Commissioner**  
Office of Procedures

## POLICY BULLETIN #16-08-OPE

### OBSOLETION AND REPLACEMENT OF THE FIA-1043 AND W-515W WITH THE HRA-125; REVISION TO THE M-90C, M-90D, AND M-90E

<b>Date:</b> January 21, 2016	<b>Subtopic(s):</b> Form Revisions
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms</p>	<p>The purpose of this policy bulletin is to inform staff that the “I Speak” Cards for Limited English Proficient Application/Participant form (<b>FIA-1043</b>) and the Interpretation Services Notice for the Application/Participant Kits (Insert) form (<b>W-515W</b>) are now obsolete and have been replaced with the You Have a Right to Free Interpretation Service form (<b>HRA-125</b>).</p> <p>Subsequently, the Cash Assistance Application Kit Forms (<b>M-90c</b>), the Cash Assistance Recertification Kit Forms (<b>M-90d</b>); and the Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/ Recertification Kit Forms (<b>M90-e</b>) have been revised.</p> <p>Center Directors must ensure that the <b>FIA-1043</b> and <b>W-515W</b> are removed from circulation and recycled. The latest versions of the <b>HRA-125</b>, <b>M-90c</b>, <b>M-90d</b>, and <b>M-90e</b> should be used.</p> <p>Samples of the forms are attached.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>FIA-1043</b> “I Speak” Cards for Limited English Proficient Application/Participant (Obsolete)</p> <p><b>HRA-125</b> You Have a Right to Free Interpretation Service form (Rev. 11/15)</p> <p><b>M-90c</b> Cash Assistance Application Kit Forms (Rev. 1/21/16)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

<b>M-90d</b>	Cash Assistance Recertification Kit Forms (Rev. 1/21/16)
<b>M-90e</b>	Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/ Recertification Kit Forms (Rev. 1/21/16)
<b>W-515W</b>	Interpretation Services Notice for the Application/Participant Kits (Insert) (Obsolete)

### "I Speak" Cards for Limited English Proficient Applicant/Participant

If you have difficulty communicating in English and need language assistance, carry the "I Speak" card with you on every visit to an HRA office. You can tear off the bottom of this sheet, check off the box to choose your language or write in your language. Show the card to an HRA staff member who will assist in meeting your language needs. Keep the card for future visits.

#### Tarjetas "I Speak" para Solicitantes/Participantes de Habla en Inglés Limitada (Spanish)

Si a usted se le dificulta comunicarse en inglés y necesita asistencia con el idioma, lleve la tarjeta "I Speak" consigo a todas las visitas a las oficinas de HRA. Usted puede cortar la parte inferior de esta hoja, marcar la casilla para seleccionar su idioma o escribir en su idioma. Muestre la tarjeta al representante de HRA que le ayudará en sus necesidades de idioma. Guarde la tarjeta para visitas en un futuro.

#### 英语能力有限申请人/参与者请利用"I Speak"卡(Chinese)

如果您用英语沟通有困难而需要语言协助,您每次造访人力资源管理局(HRA)时,请携带这张"I Speak"卡。您可以撕下这页的底部,在您选择的语言框内打勾,或写下您的语言。出示这张卡给负责的HRA人员看,他便会协助满足您的语言需要。请妥善保管这张卡,以备将来使用。

#### بطاقات "I Speak" المخصصة لمقدم الطلب/المشارك الذي إتقانه للغة الإنجليزية محدود (Arabic)

إذا كنت تجد صعوبة في التواصل باللغة الإنجليزية وتحتاج إلى مساعدة لغوية, فأحمل معك بطاقة "I Speak" لذي كل زيارة تقوم بها إلى أحد مكاتب HRA (Human Resources Administration مصلحة الموارد البشرية). بإمكانك أن تفصل القسم السفلي من هذه الصفحة وتضع إشارة في المربع المناسب لاختيار لغتك أو الكتابة بلغتك. قدم البطاقة لأحد موظفي HRA لكي يساعدك على تلبية احتياجاتك اللغوية. احتفظ بالبطاقة لكي تستعملها في زيارتك المستقبلية.

#### Kat "I Speak" pou Aplikar/Patisipan ki pa Pale Lang Angle Twò Byen (Haitian Creole)

Si ou gen pwoblèm pou kominike nan lang Angle, epitou si ou bezwen asistans nan lang, mache avèk kat "I Speak" ou sou ou nan chak vizit ou fè nan yon biwo HRA. Ou kapab detache pati anba fèy sa a, tcheke kaz la pou chwazi lang ou, pswa ekri lang ou. Montre kat la ba yon anplwaye HRA k ap ede ou nan satisfè bezwen ou nan lang. Sere kat la pou lòt vizit yo.

#### 제한된 영어 구사력을 가진 지원자/참여자를 위한 "언어 지원" 카드 (Korean)

귀하께서 영어로 대화하기 어려우셔서 언어적으로 도움이 필요하신 경우, HRA 사무실에 오실 때마다 "언어 지원" 카드를 지참해 주십시오. 본 양식의 하단부를 절취하시고, 원하시는 언어에 체크 표시하시거나 귀하의 모국어로 기재해 주십시오. 작성하신 카드를 HRA 직원에게 보여주시면 귀하의 모국어로 도와드릴 것입니다. 카드는 향후 방문을 위해 보관해 두십시오.

#### «I Speak» - карточки для заявителей/участников с ограниченным знанием английского языка (Russian)

Если вам трудно общаться на английском языке, и вы нуждаетесь в помощи переводчика, всегда имейте при себе карточку «I Speak» при посещении офиса HRA. Вы можете оторвать нижнюю часть этой страницы, отметить в ячейке выбор вашего языка или написать на своем языке. Покажите карточку сотруднику HRA, который поможет вам с переводом. Сохраните карточку для посещения в будущем.

Doble y corte

剪下并折叠好

اقطع واطوي



**NYC** Human Resources Administration  
Department of Social Services  
HRA-101 (MLF) 10/08/2010

# I speak ...

**Attention Agency employee:** Please call an interpreter. This customer requires language assistance. See reverse side for language.

- Arabic / إنني بحاجة إلى خدمات الترجمة الفورية المجانية باللغة العربية.
- Haitian Creole / Mwen bezwen you entèprèt Kreyòl gratis.
- Korean / 무료 한국어 통역이 필요합니다.
- Chinese / 我需要免費的國語翻譯。
- Russian / Мне нужен бесплатный устный перевод на русский язык.
- Spanish / Necesito servicios gratuitos de interpretación en español.
- Other / \_\_\_\_\_

## You Have a Right to Free Interpretation Services

We have free interpretation services available. Please tell a worker if you want to speak with us in a language other than English or in sign language. In a Center, you can simply show a worker the “I Speak” card below. If you have a question, comment or complaint about the interpretation services provided, please call 311. Filing a complaint will not affect your case.

## Usted tiene derecho a recibir servicios de interpretación gratuitos

Contamos con servicios de interpretación gratuitos. Si desea hablar con nosotros en un idioma distinto al inglés o en lenguaje de señas, hágaselo saber a un empleado. Si está en un Centro, simplemente muéstrele a un empleado la tarjeta “I Speak” que aparece a continuación. Si tiene alguna pregunta, comentario o queja acerca de los servicios de interpretación que brindamos, llame al 311. La presentación de una queja no tendrá incidencia sobre su caso.

## 您有權利使用免費口譯服務

我們提供免費的口譯服務。如果您希望用英語以外的語言或手語和我們溝通，請告訴我們的工作人員。在中心裡，您只要向工作人員出示底下的「我說」(I Speak) 卡就可以了。如果您對我們提供的口譯服務有疑問、評論、或申訴，請致電 311。提交申訴將不會影響您的個案。

## Вы имеете право на бесплатные услуги устного перевода

Мы предоставим вам бесплатные услуги устного перевода. Сообщите сотруднику, если вы хотите общаться с нами не на английском, а на другом языке или на языке жестов. В центре вы можете просто предъявить сотруднику карту I Speak, представленную ниже. С вопросами, отзывами и жалобами в отношении предоставленных услуг устного перевода звоните по номеру 311. Подача жалобы не повлияет на рассмотрение вашего дела.

## 무료통역 서비스를 받을 권리가 있습니다

당국은 무료 통역 서비스를 제공해 드립니다. 영어 이외의 언어 또는 수화로 상담하시려는 경우 직원에게 말씀하시기 바랍니다. 센터에 방문하시는 경우 아래에 있는 “I Speak” 카드를 직원에게 보여주시면 됩니다. 제공되는 통역 서비스와 관련해 문의사항, 의견 또는 불만사항이 있는 경우 311 번으로 전화해 주십시오. 불만 제기는 귀하의 케이스에 영향을 주지 않습니다.

## لديك الحق في الحصول على خدمات الترجمة الفورية المجانية

توجد لدينا خدمات ترجمة فورية مجانية متاحة لك. من فضلك أخبر أحد الموظفين إذا رغبت التحدث معنا بلغة أخرى غير اللغة الإنجليزية، أو في لغة الإشارة. في المركز، تستطيع أن تشير البطاقة المسماة “I Speak” الموجودة أدناه إلى أحد الموظفين. إذا كان لديك سؤال أو تعليق أو شكوى بشأن خدمات الترجمة الفورية المقدمة، يُرجى الاتصال بالرقم 311. لن يؤثر تقديم شكوى على قضيتك.

## Ou Gen yon Dwa pou Resevwa Sèvis Entèpretasyon Gratis

Nou gen sèvis entèpretasyon gratis ki disponib. Tanpri fè yon anplwaye konnen si ou vle pale avèk nou nan yon lang ki pa Anglè oswa nan yon langaj siy. Nan yon Sant, ou kapab senpleman montre yon anplwaye kat “I Speak” (Mwen Pale) ki anba la a. Si ou gen yon kesyon, yon kòmantè oswa yon plent sou sèvis entèpretasyon nou bay yo, tanpri rele 311. Si ou fè yon plent sa p ap gen konsekans sou dosye ou.



**NYC** Human Resources  
Administration  
Department of  
Social Services  
HRA-101(MLF)

# I speak ...

**Attention Agency employee:** Please call an interpreter. This customer requires language assistance. See reverse side for language.

**Arabic** / احتاج إلى خدمات ترجمة فورية مجانية.

**Haitian Creole** / Mwen bezwen sèvis entèpretasyon gratis.

**Korean** / 무료 통역 서비스가 필요합니다.

**Chinese** / 我需免費的口譯服務。

**Russian** / Мне нужны бесплатные услуги переводчика.

**Spanish** / Necesito servicios de interpretación gratis.

**Other** / \_\_\_\_\_

## Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	<a href="#">Attachment A****</a>	State
2	Changes to the LDSS-2921 Statewide	<a href="#">Attachment 1****</a>	State
3	Statewide Common Application	<a href="#">LDSS-2921*</a>	State
4	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	<a href="#">LDSS-3151*</a>	State
5	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	<a href="#">LDSS-4148A*</a>	State
6	New York State What You Should Know About Social Services Programs Questions and Answers	<a href="#">LDSS-4148B*</a>	State
7	New York State What You Should Know If You Have An Emergency Questions and Answers	<a href="#">LDSS-4148C*</a>	State
8	Notice Of Responsibilities And Rights For Support	<a href="#">LDSS-4279**</a>	State
9	Domestic Violence Screening Form Under the Family Violence Option	<a href="#">LDSS-4583*</a>	State
10	Domestic Violence Palm Card	<a href="#">LDSS-4583A**</a>	State
11	DFR Legal Residence Statement	<a href="#">LDSS-4733</a>	State
12	Information about Child Support Services and Application/Referral for Child Support Services	<a href="#">LDSS-4882</a>	State
13	Domestic Violence Information for all Temporary Assistance Applicants	<a href="#">LDSS-4905*</a>	State
14	New York State How To Complete The Temporary Assistance (TA) - Medical Assistance (MA) - Medical Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC) Application	<a href="#">PUB-1301*</a>	State
15	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	<a href="#">LDSS-5004**</a>	State
16	Keep the Heat On With HEAP	<a href="#">PUB-4735</a>	State
17	Notice to All Applicants	<a href="#">EXP-75Q***</a>	FIA
18	Please Add Attached Form	<a href="#">HRA-125***</a>	FIA
19	Your Interview with the Office of Child Support Enforcement	<a href="#">M-384t*</a>	FIA
20	Child Care Guarantee Informational	<a href="#">M-528m*</a>	FIA

\*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

\*\*Available in English and Spanish only.

\*\*\*Multiple languages are contained on one form.

\*\*\*\*Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

## Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
21	Attention: Applicants/Participants	<a href="#">W-116U</a> ***	FIA
22	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	<a href="#">W-126E</a> *	FIA
23	Services for Victims of Sexual Assault	<a href="#">W-131</a> **	FIA
24	Cash Assistance Additional Allowances	<a href="#">W-137C</a> *	FIA
25	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	<a href="#">W-139E</a> **	FIA
26	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	<a href="#">W-273A</a> **	FIA
27	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	<a href="#">CS-273E</a> **	ACS
28	Notice to Applicants and Participants Regarding Third Party Health Insurance	<a href="#">W-299</a> *	FIA
29	Welfare Fraud (BFI Bureau of Fraud Investigation)	<a href="#">BRC-151</a> **	BFI
30	Guide to Work Supports	<a href="#">BRC-504</a> **	FIA
31	Are You a Person With a Disability?	<a href="#">BRC-681A</a> *	HRA
32	Eligibility Verification Review Questionnaire	<a href="#">W-532T</a> *	FIA
33	Cash Assistance & Child Support What You Need to Know	<a href="#">W-549D</a> **	OCSE
34	Child Care Fact Sheet and Planner	<a href="#">CS-574EE</a> **	ACS
35	Language Questionnaire	<a href="#">W-680FF</a> *	FIA
36	Notice to Applicants/Participants	<a href="#">W-904DD</a> *	FIA
37	Essential Persons	<a href="#">W-912KK</a> **	FIA
38	List of Participating Clinics and Hospitals (Child/Teen Health Program)	<a href="#">MAP-58k</a> ***	MAP
39	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	<a href="#">MAP-252</a> *	MAP
40	Child/Teen Health Program (C/THP) Fact Sheet	<a href="#">MAP-1096</a> *	MAP

\*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

\*\*Available in English and Spanish only.

\*\*\*Multiple languages are contained on one form.

\*\*\*\*Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

## Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	<a href="#">LDSS-3151*</a>	State
2	Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS)	<a href="#">LDSS-3174*<sup>1</sup></a>	State
3	Revised Assignment of Support Rights Language for LDSS-3174	<a href="#">Attachment 2****</a>	State
4	New York State What You Should Know About Your Rights And Responsibilities	<a href="#">LDSS-4148A*</a>	State
5	New York State What You Should Know About Social Services Programs	<a href="#">LDSS-4148B*</a>	State
6	New York State What You Should Know If You Have An Emergency	<a href="#">LDSS-4148C*</a>	State
7	Notice Of Responsibilities And Rights For Support	<a href="#">LDSS-4279**</a>	State
8	Domestic Violence Screening Form Under the Family Violence Option	<a href="#">LDSS-4583*</a>	State
9	Domestic Violence Palm Card	<a href="#">LDSS-4583A**</a>	State
10	Absent Parent Questionnaire	<a href="#">LDSS-4882</a>	State
11	Domestic Violence Information for all Temporary Assistance Applicants	<a href="#">LDSS-4905*</a>	State
12	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	<a href="#">PUB-1313*</a>	State
13	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	<a href="#">MAP-252*</a>	MAP
14	Welfare Fraud (BFI Bureau of Fraud Investigation)	<a href="#">BRC-151**</a>	BFI
15	Guide to Work Supports	<a href="#">BRC- 504**</a>	FIA
16	Are You a Person With a Disability?	<a href="#">BRC-681A*</a>	HRA
17	Attention: Applicants/Participants	<a href="#">W-116U***</a>	FIA

\*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

\*\* Available in English and Spanish only.

\*\*\* Multiple languages are contained on one form.

\*\*\*\* Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

<sup>1</sup> Included in the kit for homebound interviews and when POS is down.



## Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
18	Please Add Attached Form	<a href="#">HRA-125</a> ***	FIA
19	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	<a href="#">W-126E</a> *	FIA
20	Services for Victims of Sexual Assault	<a href="#">W-131</a> **	FIA
21	Cash Assistance Additional Allowances	<a href="#">W-137C</a> *	FIA
22	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	<a href="#">W-139E</a> **	FIA
23	Notice to Applicants and Participants Regarding Third Party Health Insurance	<a href="#">W-299</a> *	FIA
24	Language Questionnaire	<a href="#">W-680FF</a> *	FIA
25	Notice to Applicants/Participants	<a href="#">W-904DD</a> *	FIA
26	Essential Persons	<a href="#">W-912KK</a> **	FIA

\*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

\*\* Available in English and Spanish only.

\*\*\* Multiple languages are contained on one form.

\*\*\*\* Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

<sup>1</sup> Included in the kit for homebound interviews and when POS is down.

SAMPLE



## Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	<a href="#">OCFS</a> <a href="#">LDSS-4699**</a>	State
2	Employment of Minors Form	<a href="#">OCFS</a> <a href="#">LDSS-4699.1**</a>	State
3	Employment of Minors Information	<a href="#">OCFS</a> <a href="#">LDSS-4699.1A</a>	State
4	Legally-Exempt In-Home Child Care Provider Agreement Form	<a href="#">OCFS</a> <a href="#">LDSS-4699.2**</a>	State
5	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	<a href="#">OCFS</a> <a href="#">LDSS-4699.2A</a>	State
6	Enrollment Form for Provider of Legally-Exempt Group Child Care	<a href="#">OCFS</a> <a href="#">LDSS-4700**</a>	State
7	Did you know that The City of New York Will Pay For Your Child Care for your children under 13 and for children with special needs?	<a href="#">CS-273E</a>	ACS
8	Child Care Fact Sheet and Planner	<a href="#">CS-574EE**</a>	ACS
9	Child Care Guarantee Informational	<a href="#">M-528m*</a>	FIA
10	Cash Assistance & Child Support	<a href="#">W-549D**</a>	OCSE

\*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Recertification Kit.

\*\*Available in English and Spanish only.

\*\*\*Multiple languages are contained on one form.

\*\*\*\*Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

<sup>1</sup> Included in the kit for homebound interviews and when POS is down.

## Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms

Forms included in the NCA SNAP Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers Caring for Children	<a href="#">Attachment A</a>	State
2	Domestic Violence Palm Card	<a href="#">LDSS-4583A</a> **	State
3	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification	<a href="#">LDSS-4826</a> *	State
4	How To Complete The Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP	<a href="#">LDSS-4826A</a> *	State
5	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	<a href="#">LDSS-5004</a> **	State
6	List of Participating Clinics and Hospitals	<a href="#">MAP-58k</a> ***	FIA
7	Child/Teen Health Program (C/THP) Fact Sheet	<a href="#">MAP-1096</a> *	MAP
8	I Speak Card (Instructional)	<a href="#">HRA-101</a> *** <a href="#">(FIA-1043)</a>	FIA
9	Please Add Attached Form	<a href="#">HRA-125</a> ***	FIA
10	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide	<a href="#">W-129G</a> *	FIA
11	Services for Victims of Sexual Assault	<a href="#">W-131</a> **	FIA
12	Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice	<a href="#">W-519</a> *	FIA
13	Language Questionnaire	<a href="#">W-680FF</a> *	FIA
14	Guide to Work Supports	<a href="#">BRC-504</a> **	FIA
15	Are You a Person With a Disability?	<a href="#">BRC-681A</a> *	HRA

\*Available in multiple languages.

\*\*Available in English and Spanish only.

\*\*\*Multiple languages are contained on one form.

NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.

## Interpretation Services Notice for the Application/Recertification Kits (Insert)

Free interpreter services for limited-English speaking ability applicants/participants and American Sign Language interpreter assistance for Hearing-impaired applicants/participants are available at HRA Offices and Centers. If you would like an interpreter, please go to the reception desk.

إعلان عن توفر خدمات الترجمة الشفهية المتعلقة بشؤون الطلبات و/ أو إعادة التأهيل واللياقة (ملحق)  
(Arabic)

خدمات الترجمة الشفهية المجانية متوفرة في مكاتب مصلحة الموارد الإنسانية ومراكزها لمقدمي الطلبات و/ أو المشتركين الذين لديهم قدرة محدودة في تكلم اللغة الإنكليزية؛ كما تتوفر فيها أيضاً، خدمات الترجمة في لغة الإشارة الأمريكية لمساعدة مقدمي الطلبات و/ أو المشتركين الذين يعانون من قلة السمع. إذا كنت بحاجة إلى مترجم، فالرجاء أن تذهب إلى مكتب الاستقبال.

申請/重新證明材料翻譯服務通知 (插卡)  
(Chinese)

人力資源管理局 (HRA) 各辦事處和各中心可為講英語有困難的申請人/參與人提供免費翻譯服務，並可為有聽力障礙的申請人/參與人提供免費美國手語翻譯服務。如果您需要翻譯，請告知接待服務台。

Avis des services d'interprétation relatif au matériel de demande/recertification (Encart)  
(French)

Des services d'interprétation sont proposés gratuitement dans les centres et les bureaux HRA pour les demandeurs/participants qui ont des difficultés à s'exprimer en anglais. Des services gratuits d'interprétation en langage par les signes sont également disponibles pour les demandeurs/participants malentendants. Si vous souhaitez bénéficier de ces services, veuillez vous adresser à la réception.

Avi sou Sèvis Entèprèt pou Pake Aplikasyon/ Resètifikasyon yo (Ajou)  
(Haitian-Creole)

Gen sèvis entèprèt gratis pou moun ki ap aplike/patisipe yo ki pa pa e twòp angle. Genyen entèprèt Lang Siy Ameriken disponib tou pou ede moun ki ap aplike/patisipe ki soud, nan Biwo ak Sant HRA yo. Si w ta renmen gen yon entèprèt, tanpri ale nan biwo resepsyon an.

신청/자격갱신 수속의 통역 서비스 통지 (삽입)  
(Korean)

HRA 사무실과 센터에서는 영어 구사 능력이 부족한 신청자/참가자를 위한 무료 통역 서비스와 청각 장애 신청자/참가자들을 위한 미국 수화 통역사 지원을 이용하실 수 있습니다. 통역사를 원하시면, 접수처로 가십시오.

Уведомление об услугах переводчика для комплектов по подаче заявления и переосвидетельствования (вкладка)  
(Russian)

В офисах и центрах ведомства HRA заявителям и участникам программ, не владеющим в достаточной степени английским языком, а также страдающим недостатками слуха, бесплатно предоставляются услуги устных переводчиков и переводчиков с американского языка жестов. Если Вы хотите воспользоваться услугами переводчика, обратитесь к секретарю приёмной.

Aviso de Servicios de Interprete para los Paquetes de Solicitud/Recertificación (Hoja Incluida)  
(Spanish)

En las oficinas y centros de HRA hay servicios de intérpretes disponibles gratis para solicitantes/participantes con habilidades limitadas para hablar inglés, y asistencia de intérpretes de la "American Sign Language" para solicitantes/participantes con impedimentos auditivos. Si usted desea un intérprete, favor de ir a la recepción.

Thông Báo về Dịch Vụ Thông Dịch cho Đơn Xin/Tái Chứng Nhận (phụ bản)  
(Vietnamese)

Có dịch vụ thông dịch miễn phí cho những người nộp đơn xin /tham gia không nói rành tiếng Mỹ và thông dịch viên về ngôn ngữ bằng dấu hiệu cho những người nộp đơn xin/tham gia bị lãng tai tại các trung tâm và văn phòng HRA. Nếu muốn có thông dịch viên, xin đến bàn tiếp tân.

דאלמעטשער באדינונגען מעלדונג פאר די ווענדונג/וויידער-באשטעטיקונג פּעק (אריינצולייגן)  
(Yiddish)

פרייע דאלמעטשער באדינונגען פאר אפליקאנטען/אנטיילנעמער וועלכע זיינען באגרעניצט מיט די מעגליכקייט צו רעדן ענגליש, און "אמעריקאנער סיין שפראך" דאלמעטשער הילף פאר אפליקאנטען/אנטיילנעמער וואס הערן-נישט-גוט, איז פאראן צו באקומען ביי די HRA אפיסעס און צענטערן. אויב איר ווילט א דאלמעטשער, ביטע גייט צו די אויפנאמע טישל.